

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065111

FILED
Jan 07, 2010
Secretary of State

Entity Name: BAY AREA INSURANCE AGENCY, INC.

Current Principal Place of Business:

34750 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34750 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 26-0278655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, CAROL J
3036 EASTLAND BLVD.
E208
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MORRIS, CAROL J
Address: 3036 EASTLAND BLVD. #E208
City-St-Zip: CLEARWATER, FL 33761

Title: VP
Name: MORRIS, CAROL J
Address: 3036 EASTLAND BLVD. #E208
City-St-Zip: CLEARWATER, FL 33761

Title: S
Name: MORRIS, CAROL J
Address: 3036 EASTLAND BLVD. #E208
City-St-Zip: CLEARWATER, FL 33761

Title: T
Name: MORRIS, CAROL J
Address: 3036 EASTLAND BLVD. #E208
City-St-Zip: CLEARWATER, FL 33761

Title: O
Name: MORRIS, CAROL J
Address: 3036 EASTLAND BLVD. #E208
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL J. MORRIS

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date